

**FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE**  
**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS OCT 25 1960

-60-039437  
 STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 400

INDEXED

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BONNE TERRE</u>	Length of stay in 1b <u>6 DAYS</u>	c. CITY OR TOWN <u>FREDERICKTOWN</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>217 E. COLLEGE</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>ERNEST LEON MOORE</u>			4. DATE OF DEATH Month Day Year <u>10 - 9 - 1960</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/9/92</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRILLING CONTRACTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>AVON, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CYRUS MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GORDON</u>		14. NAME OF HUSBAND OR WIFE <u>JUNE MOORE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-24-2675</u>		17. INFORMANT Address <u>JUNE MOORE, 217 College, Fredricktown, Mo</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
IMMEDIATE CAUSE (a)	<u>Coronary thrombosis</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Bleeding duodenal ulcer</u>	
DUE TO (c)		<u>1 wk</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bleeding duodenal ulcer</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE

21. I attended the deceased from 10-3-60 to 10-9-60 and last saw <sup>her</sup>him alive on 10-8-60  
 Death occurred at 6:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>George J. Watters MD</u>	22b. ADDRESS <u>Farmington, Mo.</u>	22c. DATE SIGNED <u>10-17-60</u>
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23a. BURIAL, CREATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-11-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LIBERTYVILLE CHRISTIAN CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>LIBERTYVILLE, MO.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>NAJIM FUNERAL HOME</u> <u>FREDERICKTOWN, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>OCT 17 1960</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 10 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student: \_\_\_\_\_  
Signature of Student Embalmer

Signed Kenneth Liley

Licensed Embalmer No. 5086

P. O. Address Luterville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

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